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### **Responses to Questions Submitted through November 17, 2004 For RFP# 0512-DDES-BC Aging and Disability Resource Centers**

**Question 1:** Clients aged 60 and older in Milwaukee County are served by the Department on Aging, which already has a resource center. In the RFP, it states that to receive funding, the applicant must have a plan to serve at least elderly people and people with physical or developmental disabilities in the first year. Can we meet the requirement by collaborating with our Aging Resource Center, even though we do not actually serve elders?

**Response:** You may meet the requirement if your plan describes how elders and one target group will be served by the end of year one and how all target groups will be served within the county by the end of year three. As with all proposals, you must meet all RFP requirements in order to score highly. Your plan should describe partnerships and collaboration that will assure a single entry point for consumers along with fiscal and staff efficiencies in providing services.

**Question 2:** I need clarification on the term "on-going" state funding. Is that amount available only for each of the three years of the grant – 2005, 2006, 2007? After that point (2008....) will the county be responsible for those costs?

**Response:** Please refer to section 1-3 of the RFP, Funding and Duration of Contract. Each proposal that is selected for funding will receive one-time funds of \$55,000 for start-up costs from federal grant funds. In addition, each ADRC will receive state funds for operational costs on an ongoing basis.

**Question 3:** If several counties are considering submitting a "regional" proposal as a consortium, with one of those counties to be the fiscal agent for the grant, is the regional project eligible for the SUM of the projected allocations for each county? e.g. 3 counties @ \$100,000 = \$300,000 for the project budget?

**Response:** Yes. That is the maximum amount that can be applied for in the scenario described.

**Question 4:** I need clarification of the \$40,000 contribution needed if awarded the proposal. Can in-kind be used to cover contribution? If not, can you give me other options other than cash match?

**Response:** In order to sufficiently fund an ADRC, funds must be committed from three sources. The first is the one year planning grant of \$55,000 from AoA/ CMS. The second is the ongoing state funding identified in Appendix A of the RFP. The third is the county contribution, which is also listed in Appendix A. In making the commitment to operate an ADRC, the county(ies) will have to allocate additional funds or re-deploy funds from other programs into the ADRC operational budget. Two examples of this type of county contribution are I&A activities for elders performed by staff funded by the county Aging grant or waiver care managers who are assigned to information and intake activities performing those duties within the ADRC and under the parameters of the grant.

The most common types of in-kind contributions are space donated free of charge by an outside organization and volunteer time. Although contributions such as these will enhance the ADRC operation, they cannot take the place of the substantial county commitment of funds for the project.

**Question 5:** Do the emails with the Notice of Intent need any signatures?

**Response:** No. An email that identifies the individual and the agency submitting the Notice of Intent is sufficient.

**Question 6:** In Appendix A, County Specific Maximum Contract Funding Levels, are the maximum funding amounts available for one year or over the grant cycle?

**Response:** The Maximum Annual State Funding Level is the maximum state award for each contract year. The county contribution is also an annual expectation to continue for the duration of the contract.

**Question 7:** When will the Disability Benefit Specialist be available and are counties expected to plan for this service in the first year?

**Response:** The Disability Benefit Specialist must be funded from this grant or from local funding. Training and legal back up for the Disability Benefit Specialist will be made available as soon as the staff person is hired by the county. The Disability Benefit Specialist Program is a mandatory program component for all target groups other than elders. Because you will be required to provide services to at least elders and one other target group during year one, the Disability Benefit Specialist Program must be up and running within that first year of operation.

**Question 8:** Please clarify the Funding and Duration of Contract, specifically about the on-going funding after the planning and development are operationalized.

**Response:** Please refer to questions number 2 and number 6 for an explanation of on-going funding. The "Duration of Contract" language refers to the same general limitations of most

contracts with the Department. In order to renew the contract, the vendor must be in agreement to do so, the vendor must have performed up to contract standards or be expected to reasonably meet the requirements in a corrective action plan, and the state funds must remain available.

**Question 9:** This question refers to RFP section II-2.5, Emergency Response. Please clarify what is expected of the ADRC. Specifically, if a non-COP/Waiver individual has an urgent need, such as money, housing and food, what is expected of the ADRC in these types of situations?

**Response:** When a situation involving an immediate risk is identified, the ADRC must make appropriate referrals for emergency services. The ADRC is responsible for connecting people with the appropriate providers of emergency services in their service area.

**Question 10:** The RFP states that all components of I&A must be included. Should we address every component in the proposal? How detailed does the RFP have to be in terms of mental health issues?

**Response:** The RFP is constructed to provide descriptions of program requirements in Section II, with corresponding questions in Section IV to direct your responses to all of the requirements in Section II. In order to receive a high score, a proposal must address all components of I&A. Although you are not required to serve people with mental illness until year three of ADRC operation, a well organized county effort will incorporate the interests and needs of all target groups in the three year plan. Implementation of services for a specific target group might be delayed, but planning for their needs should occur during pre-implementation.

**Question 11:** When is the mental health functional screen going to be available? When is the children's screen going to be available? The RFP states that we need to describe the process for using these screens. It is my understanding that the state determines when these screens will be used. Is further clarification needed?

**Response:** The purpose of the questions about the mental health and children's screens are intended to assist you in developing a complete response in the area of functional screen integration with the ADRC. The corresponding units of county government should be involved in projecting the dates of implementation and the integrated processes that must be developed.

**Question 12:** The general nature of an ADRC is short-term. Elderly Benefit Specialists work with many clients over the long-term. Is this acceptable for the Disability Benefit Specialists?

**Response:** ADRC activities are short-term in that a case does not remain open after an outcome is achieved for an individual. On the other hand, ADRC services are intended to be life long for elders or people with disabilities in that the ADRC will always be readily accessible when new issues arise. In response to the question, the Disability Benefit Specialist program is

comparable to the Elder Benefit Specialist program in many regards. In other ways, it is different. An example of the difference is the complexity of the social security disability determination process for younger adults who must demonstrate the degree of their disability. The length of time an individual is served depends upon the process for resolving the problem.

**Question 13:** There are several classifications of disabled who do not fall within the definition of Developmental Disability (Learning Disabled, Borderline Retardation). Is it the intent of the ADRC to work with all populations who may fall outside these classifications? In considering the mental health and AODA population, there is the possibility of a wide range of individuals who are considered disabled. Is it the intent of the ADRC to respond to all of them? As a county we would have a responsibility to respond to all individuals who contact us for service, is the ADRC meant to fill the needs for all such populations?

**Response:** It is the intent that ADRCs will provide the needed core services to anyone who is in the four target groups to be served by an ADRC. The ADRC is, within three years, expected to be a single entry point for people who are elderly, physically disabled, developmentally disabled (whether or not they meet Federal or State definitions) and/or have mental health issues. The service consists of determining the needs of the inquirer, evaluating appropriate resources, indicating organizations capable of meeting those needs, helping the caller for whom services are unavailable by locating alternative resources, and actively participating in linking the inquirer to needed services.

**Question 14:** It is my understanding that in the first year of the grant we would plan for the ADRC, by the second year we would be operational. Is it expected that after one full year of operation we should be available to the mental health and AODA populations and the myriad of issues they present?

**Response:** You must serve all four target groups within the first three years of operations: elders, adults with physical disabilities, adults with developmental disabilities and adults with mental illness. The application should specify a timeline for development of the services for each of the target groups over three years. There is no requirement to serve all target groups in year one. People with substance abuse issues are not a mandatory target group of the ADRC, but a strong proposal will identify knowledge of resources and links to services for individuals who fall into one of the mandatory target groups and also have substance abuse issues.

**Question 15:** Can the planning portion of the grant project be shorter than one year, for example 6-9 months? If so, would the \$55,000 be prorated? If the project was ready to begin operations at the end of that shortened time would the operating funds be available at that time or would the project have to wait until 2006 to begin operations?

**Response:** Each entity that is awarded a contract under this RFP will receive a planning grant of \$55,000 regardless of the implementation time frame. The planning grant can be used to support a project manager whose responsibility is planning and implementing prior to start up, and the funds can continue to be used for ongoing planning even after start up begins. The

funding is limited to 12 months, but it can be spent more rapidly. Because of limitations in state funding, the Department will negotiate with vendors to determine the start date for implementation of each new ADRC. The interest and ability of a program to start up early will be taken into account and negotiated prior to finalizing the contract.

**Question 16:** The RFP says that elderly benefit counseling must be a service integrated in to the ADRC service array. This program has some very strict confidential requirements and the referral process is not open to everyone. In most cases, the Benefit Specialist will only take a referral from the older person, not a social service agency or family members.

Question #1: How does the state foresee the Elderly Benefit Specialist program, with this unique feature, fitting with or working in the ADRC?

Question#2: The Elderly Benefit Specialist usually doesn't share client information with other agencies when both are working with the same individual. What is the state's advice for sharing information between the ADRC and Elderly Benefit Specialist program?

**Response:** It is correct that the organization of the Elderly Benefit Specialist program (EBSP) as a legal service imposes some limits on its integration with other services. Nevertheless, some reasonable degree of integration within the constraints imposed by the Older Americans Act and program rules is possible.

1. Role of EBSP within ADRC:

a. ADRC staff who find persons 60+ with benefit issues, need for benefit advocacy or need of a benefit checkup (screen) should refer those persons to the EBSP by telling them (or a POA or guardian) to contact the program. If ADRC staff believe that for reasons of confusion, frailty, past failure to follow through etc, that the client will not contact the benefit specialist, staff can get the consent of the client to contact the benefit specialist and request the benefit specialist to contact the client. This consent should be documented and should be the rare exception, not the rule. The program supports the autonomy of clients and as such presumes them able to choose to make a decision about whether they want services.

b. Benefit specialists will refer clients to the ADRC for other services where appropriate.

c. Time permitting, the benefit specialist can be a resource to other ADRC staff on benefit issues, providing technical assistance, consultation and perhaps some in-service education to other staff and working with them on outreach and community education.

d. While not breaching confidentiality, a benefit specialist may participate on I-teams, staffings, etc. by providing guidance to the group on benefits, learning from the participants about additional resources and services for clients, and where the benefit specialist has obtained the client's consent, sharing information with others.

## 2. Information sharing

Benefit specialists may share information with ADRC staff with specific permission from the client. Best practice is to obtain a signed release from the client for each person or agency the client gives the benefit specialist permission to contact and disclose to. Such sharing should be for the purpose of furthering the benefit specialist's representation of the client. Blanket releases should not be used.

Without such knowing consent, benefit specialists may not share information that identifies the client and the particulars of the case. They may share aggregate statistics, client outcomes and case summaries with identifying information stripped, and hypotheticals based on actual cases. For the last three they should not be such as to in effect disclose the client's identity.

**Question 17:** Can Federal or State dollars be used as match? Are there other restrictions on what can be used for match?

**Response:** Please see Question 4, which is related to this question. We will discuss this issue in detail at the December 3 Bidders Conference since the concept of the county contribution differs in this RFP from usual match requirements.

The purpose of the county contribution is to assure that counties realign current services to provide a one-stop access point for consumers. Without taking this step, current services will be duplicated by the ADRC and the funding from the grant will not be sufficient to support the ADRC activities. The usual limitations on allowable types of funds for "match" do not apply. You may use federal funds, such as Older Americans Act funds for I & A services as part of the county contribution as long as those services are provided within the ADRC. You may use combined state and federal funds such as COP, COP-Waiver, and CIP program funds that currently provide information and options counseling within their respective programs as long as those activities are moved to the ADRC. Each county's plan will be different based on community resources and preferences, but in each case, sufficient services and service dollars from existing programs must be re-deployed to the ADRC in order to implement a viable service system.

**Question 18:** Does the county board resolution have to be passed at the time of submission of the proposal? Our resolution will be introduced in December but will not be reviewed and acted upon until the following meeting, which will be held later than January 14, the final date for submitting proposals.

**Response:** You may submit a proposal, but you would not be eligible to receive funds through a contract with the Department if your county board had not approved the resolution prior to that point. One reason to bring the resolution before the county board early, however, is to be sure that the board is encouraging all appropriate sections of county government to collaborate in the project.